

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09782089</i>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7	/						57		
8		/					58		
9		/					59		
10	/						60		
11	/						61		
12							62		
13							63		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	0						TOTAL DEP.		
TOTAL CLAIMS	11						TOTAL CLAIMS		

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